

U.S. Department of Justice
United States Marshals Service

RECEIVED
By HaleyCurrie at 12:33 pm, Aug 29, 2024


PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 21-CR-10035
DEFENDANT FAITH NEWTON		TYPE OF PROCESS SERVICE OF SUBPOENA
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ATRIUS HEALTH C/O CT CORPORATION SYSTEM	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 155 FEDERAL STREET, SUITE 700, BOSTON, MA 02110	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Christina Lindberg clindberg@msdefenders.com Miner Siddall, 101 Federal St., Suite 650, Boston, MA 02110		Number of process to be served with this Form 285 1 Number of parties to be served in this case 1 Check for service on U.S.A. N/A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Please serve as soon as possible - trial set for July 8, 2024.


Signature of Attorney other Originator requesting service on behalf of: 	<input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 617-202-5830	DATE 6/6/2024
--	---	----------------------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) Tasha Mann Intake Specialist	Date 7/1/2024	Time 1000	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Cost Sheet >>

REMARKS

1 DUSM
1 HOUR
1 mile